

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A DISC STACKING ARRANGEMENT
Attorney Docket Number::	1501-1293
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: TORGNY  
Middle Name::  
Family Name:: LAGERSTEDT  
Name Suffix::  
City of Residence:: STOCKHOLM  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing DOBELNSGATAN 89  
Address::  
City of Mailing Address:: STOCKHOLM  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-113 52

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: CLAES  
Middle Name::  
Family Name:: INGE  
Name Suffix::  
City of Residence:: SALTSJO-DUVNAS  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing KRISTINAVAGEN 15  
Address::  
City of Mailing Address:: SALTSJO-DUVNAS

State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-131 50

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: PETER  
Middle Name::  
Family Name:: FRANZEN  
Name Suffix::  
City of Residence:: TULLINGE  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing MANSTORPSVAGEN 22  
Address::  
City of Mailing Address:: TULLINGE  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-146 45

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: OLEV  
Middle Name::  
Family Name:: MAEHANS  
Name Suffix::  
City of Residence:: TULLINGE  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing PLATSLAGARVAGEN 66

Address::

City of Mailing Address:: TULLINGE

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-146 36

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: MARTIN

Middle Name::

Family Name:: SANDGREN

Name Suffix::

City of Residence:: NACKA

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing LANDAVAGEN 12

Address::

City of Mailing Address:: NACKA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-131 49

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/01357	9/2/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0202587-2	9/2/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::